

OFFICIAL**PATENT****RECEIVED**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE **CENTRAL FAX CENTER****In the PATENT APPLICATION of:**

DEC 18 2003

Falone et al.

Application No.: 10/067,594

Our File: IGC-PT002

Confirmation No.: 5901

Date: December 18, 2003

Filed: February 5, 2002**For:** STING MINIMIZING GRIP FOR A
HAND HELD SWINGING ATHLETIC
CONTACT MAKING ARTICLE**Group:** 3711**Examiner:** Graham, Mark S.**REQUEST TO EXAMINER TO CORRECT HOLDING OF ABANDONMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants respectfully request that the Examiner correct the PTO records to reflect that the Notice of Abandonment, dated December 15, 2003, for the above-identified application was improper. Applicants submitted an amendment and a three month petition for an extension of time on November 12, 2003 in response to the office action, dated May 12, 2003. Copies of the amendment, with a certificate of transmission, and the auto-repy facsimile transmission confirming receipt by the PTO are enclosed.

Withdrew 10/01/2003
S2116en
OFFICIAL



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INTELLECTUAL PROPERTY LAW

Ruy M. Garcia-Zamor
Attorney at Law
RGarcia-Zamor@volpe-koenig.com

To: The United States Patent and Trademark Office

RECEIVED
CENTRAL FAX CENTER

Attn: Examiner Mark Graham

Fax No: 703-872-9302
Telephone: 703-308-1355

DEC 18 2003

From: Ruy M. Garcia-Zamor
Registration No.: 44,117

Date: December 18, 2003

In the **PATENT APPLICATION** of:

Falone et al.

Application No.: 10/067,594

Our File: IGC-PT002

Confirmation No.: 5901

Filed: February 5, 2002

For: STING MINIMIZING GRIP FOR A
HAND HELD SWINGING ATHLETIC
CONTACT MAKING ARTICLE

Group: 3711

Examiner: Graham, Mark S.

Total Pages Including This Facsimile Cover Sheet: 2

LIST OF DOCUMENTS INCLUDED IN THIS FACSIMILE TRANSMISSION:
Request to Examiner to Correct Holding of Abandonment; Copy of Amendment, Credit Card Form, Fee transmittal, Transmittal with certificate of transmission, fax confirmation page filed on November 12, 2003 (16 pages); PTO generated auto-reply facsimile transmission and facsimile confirmation page received on November 12, 2003.

I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office on December 18, 2003.


Ruy M. Garcia-Zamor #44,117

December 18, 2003

Date

Applicant: Falone et al.
Application No.: 10/067,594

Applicants respectfully request that the Examiner correct the PTO records to show that this application has not been abandoned and send a notice confirming same to the undersigned.

Respectfully submitted,

Robert A. Vito

By


Ruy M. Garcia-Zamor
Registration No. 34,117
(215) 568-6400

Volpe and Koenig, P.C.
United Plaza, Suite 1600
30 South 17th Street
Philadelphia, PA 19103

RGZ/djw

PTO/SB/21 (06-03)

Approved for use through 04/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after Initial filing)

Total Number of Pages In This Submission

Application Number	10/067,594
Filing Date	February 5, 2002
First Named Inventor	Falone et al.
Art Unit	3711
Examiner Name	Graham, Mark S.
Attorney Docket Number	IGC-PT002

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
PTO-2038		
Remarks		
OFFICIAL FACSIMILE		
15 PAGES SENT VIA FACSIMILE TO 703-872-9326. PLEASE IMMEDIATELY DELIVER TO EXAMINER Mark S. Graham, GROUP ART UNIT 3711.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Ruy M. Garcia-Zamor	Reg. No. 44,117
Signature		
Date	November 12, 2003	

CERTIFICATE OF TRANSMISSION/MAILINGI hereby certify that this correspondence is being sent via Facsimile (703-872-9326) addressed to:
Examiner Mark S. Graham Group Art Unit 3711, on this date:

Typed or printed name	Ruy M. Garcia-Zamor	
Signature		Date
	November 12, 2003	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL

for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 475.00)

Complete If Known

Application Number	10/067,594
Filing Date	February 5, 2002
First Named Inventor	Falone et al.
Examiner Name	Graham, Mark S.
Art Unit	3711
Attorney Docket No.	IGC-PT002

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number	22-0493
Deposit Account Name	Volpe and Koenig, P.C.

The Director is authorized to: (check off that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$ 0)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	" Reissues independent claims over original patent
1205 18	2205 9	" Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 0)		

*or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity - Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	SurchARGE - late filing fee or oath	
1052 50	2052 25	SurchARGE - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 820*	1804 820*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to Institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1601 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1480 130	1480 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1808 180	1808 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.128(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			
Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$ 475.00)	

(Complete if applicable)

Name (Print/Type)	Ruy M. Garcia-Zamor	Registration No. (Attorney/Agent)	44,117	Telephone	215-568-6400
Signature			Date	November 12, 2003	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

):Auto-reply fax to 2155684992 COMPANY:



Auto-Reply Facsimile Transmission

TO:

Fax Sender at 2155684992

Fax Information

Date Received:

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Total Pages:

15 (Including cover page)

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Cover
Page

11/12/2003 16:27 FAX 21556864992 VOLPE-KOENIG 001/015				
TRANSMITTAL FORM				
(As in used for communications after Interference)				
U.S. PATENT AND TRADEMARK OFFICE 1100 LEAVENS DR., MC 2200, WASHINGTON, D.C. 20591-0001 Telephone (202) 707-3000, Facsimile (202) 707-3000 Internet Address: www.uspto.gov				
Approved for use under the Paperwork Reduction Act of 1995. OMB No. 0651-0001. Estimated time burden for completion: 0.5 hours.				
U.S. PATENT AND TRADEMARK OFFICE, U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office, 1100 Leavenworth Street, Washington, DC 20591-0001 Telephone (202) 707-3000, Facsimile (202) 707-3000 Internet Address: www.uspto.gov				
Application Number: 10/087,504 Filing Date: February 6, 2003 First Named Inventor: Graham, Mark S. Art Unit: 3711 Examiner Name: Graham, Mark S. Attorney/Agent Number: IGC-PT002				
ENCLOSURES (Check off where applicable) <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Amended/Amendment(s) <input type="checkbox"/> Extension of Time Requested <input type="checkbox"/> Express Allowance/Non-Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Listed Page(s) under 37 CFR 1.12 or 1.22 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Uncompressed Pages <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney, Successive <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Return <input type="checkbox"/> CG Number of CGO </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> After Allowance Communication <input type="checkbox"/> Continuation <input type="checkbox"/> Continuation-in-Part <input type="checkbox"/> Divisional Application <input type="checkbox"/> Assignment <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below) </td> </tr> </table>		<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Amended/Amendment(s) <input type="checkbox"/> Extension of Time Requested <input type="checkbox"/> Express Allowance/Non-Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Listed Page(s) under 37 CFR 1.12 or 1.22	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Uncompressed Pages <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney, Successive <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Return <input type="checkbox"/> CG Number of CGO	<input type="checkbox"/> After Allowance Communication <input type="checkbox"/> Continuation <input type="checkbox"/> Continuation-in-Part <input type="checkbox"/> Divisional Application <input type="checkbox"/> Assignment <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below)
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15 PAGES SENT VIA FACSIMILE TO 703-672-9326. PLEASE IMMEDIATELY DELIVER TO EXAMINER MARK S. GRAHAM, GROUP ART UNIT 3711.				
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Name or Individual name:	Ray M. Garcia-Zamor Volpe and Koenig, P.C.			
Signature:				
Date:	November 12, 2003			
CERTIFICATE OF TRANSMISSION/MAILING				
I hereby certify that correspondence is being sent via Facsimile (703-672-9326) addressed to Examiner Mark S. Graham, Group Art Unit 3711, on this date:				
Type or printed name:	Ray M. Garcia-Zamor			
Signature:				
Date:	November 12, 2003			
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